

TREATMENT EPISODE DATA SET (TEDS) & NATIONAL OUTCOME MEASURES (NOMS) CONDENSED REPORTING INSTRUCTIONS

Treatment Episode

A **treatment episode** is defined as the period of service between the beginnings of a treatment service for a drug or alcohol problem (admission) and the termination of services for the prescribed treatment plan (discharge). The TEDS is designed to collect data on the two endpoints of the episode, the initial admission and final discharge. Depending on the state data system, data are also to be collected on changes on service or provider during the course of the treatment plan through reporting of transfer/admissions and discharges for transfer. Definitions of admissions, transfers and discharges, and guidelines for reporting admissions are found below.

Admissions

For purposes of TEDS, an **admission** is defined as the formal acceptance of a client into substance abuse treatment. An admission has occurred if and only if the client begins treatment. Therefore, events such as initial screening, referral and wait-listing are considered to take place before the admission to treatment and are not reportable to TEDS.

Admissions data are to be reported for ALL clients who are admitted for substance abuse treatment to any program receiving public funds. Data from private programs should also be submitted when these data are available to the State.

The TEDS definition of a reportable admission may differ from the State definition in several ways.

Three situations in which this may occur are described below, along with the TEDS instructions for dealing with these situations.

(1) Change in Provider or Type of Service (Transfer)

The concept of a treatment episode in TEDS requires one and only one admission per episode. Therefore, if a client in the midst of a single episode of treatment changes services or providers, this event is considered to be a **transfer** rather than a separate (new) admission. For example, a patient who has been in detoxification as a hospital inpatient may complete this process and be transferred to a residential rehabilitation setting in the same hospital. If this is part of the original sequence of services planned for this client, a transfer record should be submitted. **(Client data items for transfers are the same as those required for admissions).**

(2) Concurrent enrollment in two treatment modalities

In some States, a client may be admitted to (enrolled in) two treatment modalities on the same day, with the same or different providers. In the State's data system, this may generate two clients

admissions on the same day. However, TEDS requires that a treatment episode have only one admission. States should select as the TEDS admission the one with the highest priority.

Admissions to treatments with lower priorities may be submitted to TEDS as transfers.

An example would be when a client is entered into a Slip/Slot level where the client receives Level II.1 IOP as the primary level of treatment and Level III.1 Low Intensity Residential services as a secondary level. In this case the client is only admitted into II.1 for TEDS reporting.

(3) Co-Dependents

A client is defined by TEDS as a person who has been admitted for treatment of his/her own drug or alcohol problem. A co-dependent/collateral is defined by TEDS as a person who has no alcohol or drug abuse problem but is seeking services because of problems arising from his or her relationship with an alcohol or drug user, has been formally admitted to a treatment unit, and has his or her own client record or a record within a primary client record. While the actual reporting of co-dependents to TEDS is optional, every admission record must indicate co-dependency/collateral status using the TEDS data item established for that purpose.

A co-dependent may become a substance abuser in his/her own right, and may thereafter receive treatment as a client. As with any other substance abuse treatment client, this is an admission reportable to TEDS. In States that report both substance abusers and co-dependents, there would be two admission records, one as a co-dependent or collateral and another as a client with a drug abuse or alcohol problem.

TEDS Minimum Data Set Fields

- **Provider Identifier** -- Identifies the provider of the drug or alcohol abuse treatment. This is a State-assigned Provider ID and should be identical to the State ID number as it appears in SAMHSA's I-SATS. If the State does not assign its own IDs, the SAMHSA-assigned I-SATS ID for that provider should be used.
- **Client Identifier** -- Identifies the client receiving treatment. The identifier is limited to 15 characters and must be unique within a provider. SAMHSA encourages States to adopt a Client ID that is unique within the State. Client Identifier for states reporting NOMS must be unique within the state by 2007, and be used each time the client receives treatment, regardless of provider. **The state uses the last four digits of the client's SS#, date of birth, Gender and first two letters of mother's first name.**
- **Co-Dependent/Collateral** -- Specifies whether the admission record is for a substance abuse treatment client or a person being treated for his/her co-dependency or collateral relationship with a substance abuser.
- **Date of Admission** -- Specifies the month, day, and year the client is admitted and begins to receive treatment.
- **Number of Prior Treatment Episodes** -- Identifies the number of previous treatment episodes the client has received. **The client would not necessarily have had to successfully completed these treatment episodes to be counted. Changes in service for the same episode (Transfers) should not be counted as separate prior episodes.**
- **Principal Source of Referral** -- Identifies the source of the referral to the drug or alcohol abuse treatment provider.
- **Date of Birth** -- Specifies the client's date of birth.
- **Sex** -- Specifies the client's gender.
- **Race** -- Identifies the client's race.
- **Ethnicity** -- Identifies the client's specific Hispanic origin, if applicable.

- **Education** -- Specifies the highest school grade completed by the client. **GED qualifies for 12 years of education.**
- **Employment Status** -- Designates the client's employment status at the time of admission. **This would mean the day of admission the employment status should be considered and not 30 days prior to treatment. For people in an institution such as prison, this would be identified as "Not in Labor Force"**
- **Substance Problem Codes** -- Identifies the client's substance problem(s). Three fields are provided to identify the client's primary, secondary and tertiary substance problems. The codes for these fields are for a condensed list of substances allowing summarized reporting of the abused substances. States collecting abused substances in more detail than permitted by the categories in the Substance Problem Codes should report the more detailed drug information using the Supplemental Data Set item "Detailed Drug Codes".
- **Usual Route of Administration** -- Identifies the method(s) of administering the substance (inhalation, injection, etc.). Three fields are provided to identify the route of administration for the primary, secondary and tertiary substances of abuse.
- **Frequency of Use** -- Specifies how often the client is using the substance(s) at the time of admission. Fields are provided to identify frequency for the primary, secondary and tertiary substances of abuse.
- **Age of First Use** -- Provides information on when the client first used substance(s) of abuse. Fields are provided to identify age of first use for the primary, secondary and tertiary substances of abuse. When the substance of abuse is alcohol, this field is used to record the age of first intoxication.
- **Opioid Replacement Therapy** -- Specifies whether methadone or buprenorphine is part of the client's treatment plan.
- **Detailed Drug Codes**--These three fields are used to report detailed drug data for the client's primary, secondary and tertiary substance problems.
- **DSM Diagnosis** - This is a five-digit diagnosis code for the substance abuse problem. The code is taken from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). It is preferred that States use DSM IV. If this is not possible, DSM III, or the International Classification of Diseases (ICD 9 or ICD-9-CM) codes can be used. Use of a coding system other than DSM IV must be noted in the State Crosswalk.
- **Psychiatric Problem In Addition to Alcohol or Drug Problem**--Indicates whether there is a psychiatric problem at the time of admission in addition to the alcohol or drug problem. **This is the field the state is attempting to do counting of co-occurring clients within your agency. As the statement reads "a psychiatric problem" so it does not need to be a confirmed diagnosis.**
- **Pregnant at Time of Admission** --Specifies whether the client is pregnant at the time of admission. If pregnant, you will be required to list an approximate "Due Date"

- **Veteran Status**--Specifies whether the client is a veteran of the any of the uniformed services (Air Force, Army, Coast and Geodetic Survey, Coast Guard, Marines, Navy, Public Health Service Commissioned Corps, etc).
- **Living Arrangements**--Specifies whether the client is homeless, a dependent, or is living independently. **The living arrangements should be considered the day of admission and not 30 days prior to services.**
- **Source of Income/Support**--Indicates the client's primary source of financial support. For children under 18, this field indicates the parents' source of income/support.
- **Health Insurance**--Specifies the type of insurance a client possesses, if any. **The insurance may or may not cover the alcohol or drug treatment.**
- **Expected/Actual Primary Source of Payment**--Indicates how the client is planning to pay for this treatment episode.
- **Detailed Not In Labor Force**--This field provides more specific information about those clients who are not in the labor force such as students, the disabled, retired or institutional people.
- **Detailed Criminal Justice Referral** -- This field provides more specific information about those clients referred by the criminal justice system. **For clients being referred to treatment for a DWI, then select DWI as the source of referral even if the attorney or other sources listed made the referral. This is how the state counts the number of clients entering treatment as a result of a DWI sentence.**
- **Marital Status**--Indicates the client's marital status at the time of admission.
- **Days Waiting to Enter Treatment**--Indicates the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. **The number of days counted should begin from the time after the assessment was completed until the day the client was able to enter into a level of service at your agency or another provider. Excluded are time delays resulting from the client's failure to comply with agency's admission guidelines or client's reason for not entering services due to his/her other obligations.**
- **Arrests in 30 Days Prior to Admission** -- Specifies the number of times in the 30 days prior to admission that the client was arrested for any cause.

- **Social support of recovery:**

Participation in social support of recovery activities is defined as attending self help group meetings such as AA/NA or attending religious/faith affiliated recovery or self help group meetings or with family members and/or friends supportive of recovery. **These groups should be considered voluntary for the client to attend to be counted at the time of discharge.** The reported measure will reflect differences in participation in the 30 days preceding admission to substance abuse treatment, and in the 30 days prior to discharge (or since admission if less than 30 days)

CLIENT DEFINITION

DESCRIPTION: A "CLIENT" IS A PERSON WHO MEETS ALL OF THE FOLLOWING CRITERIA:

1. HAS AN ALCOHOL OR DRUG RELATED PROBLEM, OR IS BEING TREATED AS A CO-DEPENDENT.
2. HAS COMPLETED THE SCREENING AND INTAKE PROCESS
3. HAS BEEN FORMALLY ADMITTED FOR TREATMENT OR RECOVERY SERVICE IN AN ALCOHOL OR DRUG TREATMENT UNIT
4. HAS HIS OR HER OWN CLIENT RECORD

A PERSON IS NOT A CLIENT IF HE OR SHE HAS ONLY COMPLETED A SCREENING OR INTAKE PROCESS OR HAS BEEN PLACED ON A WAITING LIST .

CO-DEPENDENT

DESCRIPTION: A CO-DEPENDENT/COLLATERAL IS A PERSON WHO HAS NO ALCOHOL OR DRUG ABUSE PROBLEM, BUT SATISFIES ALL OF THE FOLLOWING CONDITIONS:

1. IS SEEKING SERVICES BECAUSE OF PROBLEMS ARISING FROM HIS OR HER RELATIONSHIP WITH AN ALCOHOL OR DRUG USER.
2. HAS BEEN FORMALLY ADMITTED FOR SERVICE TO A TREATMENT UNIT.
3. HAS HIS OR HER OWN CLIENT RECORD OR HAS A RECORD WITHIN A PRIMARY CLIENT RECORD.

Date of Admission

DESCRIPTION: THE DAY WHEN THE CLIENT RECEIVES HIS OR HER FIRST DIRECT TREATMENT OR RECOVERY SERVICE.

PRINCIPAL SOURCE OF REFERRAL

DESCRIPTION: DESCRIBES THE PERSON OR AGENCY REFERRING THE CLIENT TO THE ALCOHOL OR DRUG ABUSE TREATMENT PROGRAM.

VALID ENTRIES:

01 INDIVIDUAL (INCLUDES SELF-REFERRAL)—INCLUDES THE CLIENT , A FAMILY MEMBER, FRIEND OR ANY OTHER INDIVIDUAL WHO WOULD NOT BE INCLUDED IN ANY OF THE FOLLOWING CATEGORIES. INCLUDES SELF-REFERRAL DUE TO PENDING DWI/DUI

02 ALCOHOL/DRUG ABUSE CARE PROVIDER—ANY PROGRAM, CLINIC OR OTHER HEALTH CARE PROVIDER WHOSE PRINCIPAL OBJECTIVE IS TREATING CLIENTS WITH SUBSTANCE ABUSE PROBLEMS, OR A PROGRAM WHOSE ACTIVITIES ARE RELATED TO ALCOHOL OR OTHER DRUG ABUSE PREVENTION, EDUCATION OR TREATMENT.

03 OTHER HEALTH CARE PROVIDER—A PHYSICIAN, PSYCHIATRIST OR OTHER LICENSED HEALTH CARE PROFESSIONAL; OR GENERAL HOSPITAL, PSYCHIATRIC HOSPITAL, MENTAL HEALTH PROGRAM OR NURSING HOME.

04 SCHOOL (EDUCATIONAL)—A SCHOOL PRINCIPAL, COUNSELOR, OR TEACHER; OR A STUDENT ASSISTANCE PROGRAM (SAP), THE SCHOOL SYSTEM, OR AN EDUCATIONAL AGENCY.

05 EMPLOYER/EAP—A SUPERVISOR OR AN EMPLOYEE COUNSELOR.

06 OTHER COMMUNITY REFERRAL—COMMUNITY OR RELIGIOUS ORGANIZATION OR ANY FEDERAL, STATE OR LOCAL AGENCY THAT PROVIDES AID IN THE AREAS OF POVERTY RELIEF, UNEMPLOYMENT, SHELTER OR SOCIAL WELFARE. SELF HELP GROUPS SUCH AS ALCOHOLICS ANONYMOUS (AA), AL-ANON, NARCOTICS ANONYMOUS (NA) ARE ALSO INCLUDED IN THIS CATEGORY. DEFENSE ATTORNEYS ARE INCLUDED IN THIS CATEGORY.

07 COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI—ANY POLICE OFFICIAL, JUDGE, PROSECUTOR, PROBATION OFFICER OR OTHER PERSON AFFILIATED WITH A FEDERAL, STATE OR COUNTY JUDICIAL SYSTEM. INCLUDES REFERRAL BY A COURT FOR DWI/DUI, CLIENTS REFERRED IN LIEU OF OR FOR DEFERRED PROSECUTION, OR DURING PRETRIAL RELEASE, OR BEFORE OR AFTER OFFICIAL ADJUDICATION. INCLUDES CLIENTS ON PRE-PAROLE, PRERELEASE, WORK OR HOME FURLOUGH OR TASC. CLIENT NEED NOT BE OFFICIALLY DESIGNATED AS “ON PAROLE.” INCLUDES CLIENTS REFERRED THROUGH CIVIL COMMITMENT. CLIENT REFERRALS IN THIS CATEGORY ARE FURTHER DEFINED IN DETAILED CRIMINAL JUSTICE REFERRAL.

RACE

DESCRIPTION: SPECIFIES THE CLIENT 'S RACE
VALID ENTRIES:

01 **ALASKA NATIVE (ALEUT, ESKIMO, INDIAN)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF ALASKA

02 **AMERICAN INDIAN (OTHER THAN ALASKA NATIVE)**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA) AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.

13 **ASIAN** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT, OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.

23 **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

03 **ASIAN OR PACIFIC ISLANDER** - ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT , SOUTHEAST ASIA OR THE PACIFIC ISLANDS.

04 **BLACK OR AFRICAN AMERICAN** — ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.

05 **WHITE**—ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF EUROPE, NORTH AFRICA OR THE MIDDLEEAST.

20 **OTHER SINGLE RACE**—USE THIS CATEGORY FOR INSTANCES IN WHICH THE CLIENT IS NOT CLASSIFIED IN ANY CATEGORY ABOVE OR WHOSE ORIGIN GROUP , BECAUSE OF AREA CUSTOM, IS REGARDED AS A RACIAL CLASS DISTINCT FROM THE ABOVE CATEGORIES. (DO NOT USE THIS CATEGORY FOR CLIENTS INDICATING MULTIPLE RACES)

ETHNICITY

DESCRIPTION: IDENTIFIES CLIENT 'S SPECIFIC HISPANIC ORIGIN.
VALID ENTRIES:

01 **PUERTO RICAN**—OF PUERTO RICAN ORIGIN REGARDLESS OF RACE.

02 **MEXICAN**—OF MEXICAN ORIGIN REGARDLESS OF RACE.

03 **CUBAN**—OF CUBAN ORIGIN REGARDLESS OF RACE.

04 **OTHER SPECIFIC HISPANIC**—OF KNOWN CENTRAL OR SOUTH AMERICAN OR ANY OTHER SPANISH CULTURAL ORIGIN (INCLUDING SPAIN), OTHER THAN PUERTO RICAN, MEXICAN OR CUBAN, REGARDLESS OF RACE.

05 **NOT OF HISPANIC ORIGIN**

06 **HISPANIC - SPECIFIC ORIGIN NOT SPECIFIED** — OF HISPANIC ORIGIN, BUT SPECIFIC ORIGIN NOT KNOWN OR NOT SPECIFIED

EDUCATION

DESCRIPTION: SPECIFIES THE HIGHEST SCHOOL GRADE THE CLIENT HAS COMPLETED.

VALID ENTRIES:

00 **LESS THAN ONE GRADE COMPLETED**

01-25 **YEARS OF SCHOOL (HIGHEST GRADE) COMPLETED**

(FOR GENERAL EQUIVALENCY DEGREE, USE 12)

EMPLOYMENT STATUS

DESCRIPTION: IDENTIFIES THE CLIENT 'S EMPLOYMENT STATUS AT THE TIME OF ADMISSION OR TRANSFER.

VALID ENTRIES:

01 **FULL TIME**—WORKING 35 HOURS OR MORE EACH WEEK, INCLUDING MEMBERS OF THE UNIFORMED SERVICES.

02 **PART TIME**—WORKING FEWER THAN 35 HOURS EACH WEEK

03 **UNEMPLOYED**—LOOKING FOR WORK DURING THE PAST 30 DAYS OR ON LAYOFF FROM A JOB.

04 **NOT IN LABOR FORCE**—NOT LOOKING FOR WORK DURING THE PAST 30 DAYS OR A STUDENT, HOMEMAKER, DISABLED, RETIRED OR AN INMATE OF AN INSTITUTION. CLIENTS IN THIS CATEGORY ARE FURTHER DEFINED IN SUDS 12-DETAILED NOT IN LABOR FORCE.

SUBSTANCE PROBLEM CODE, PRIMARY

DESCRIPTION: THIS FIELD IDENTIFIES THE CLIENT 'S PRIMARY SUBSTANCE PROBLEM. EACH SUBSTANCE PROBLEM CODE (PRIMARY, SECONDARY, OR TERTIARY PROBLEM CODE) HAS ASSOCIATED FIELDS FOR ROUTE OF ADMINISTRATION, FREQUENCY OF USE, AGE AT FIRST USE, AND (IF COLLECTED) DETAILED DRUG CODE; E.G., PRIMARY SUBSTANCE PROBLEM CODE, PRIMARY ROUTE OF ADMINISTRATION, PRIMARY AGE OF FIRST USE, AND (IF COLLECTED) PRIMARY DETAILED DRUG CODE.

VALID ENTRIES:

01 **NONE**

02 **ALCOHOL**

03 **COCAINE/CRACK**

04 **MARIJUANA/HASHISH**—INCLUDES THC AND ANY OTHER CANNABIS SATIVA PREPARATIONS.

05 **HEROIN**

06 **NON-PRESCRIPTION METHADONE**

07 **OTHER OPIATES AND SYNTHETICS**—INCLUDES CODEINE, HYDROCODONE, HYDROMORPHONE, MEPERIDINE, MORPHINE, OPIUM, OXYCODONE, PENTAZOCINE, PROPOXYPHENE, TRAMADOL, AND ANY OTHER DRUG WITH MORPHINE-LIKE EFFECTS.

08 **PCP—PHENCYCLIDINE**

09 **OTHER HALLUCINOGENS**—INCLUDES LSD, DMT, STP, HALLUCINOGENS, Mescaline, PEYOTE, PSILOCYBIN, ETC.

10 **METHAMPHETAMINE**

11 **OTHER AMPHETAMINES**—INCLUDES AMPHETAMINES, MDMA, PHENMETRAZINE, AND OTHER UNSPECIFIED AMINES AND RELATED DRUGS.

12 **OTHER STIMULANTS**—INCLUDES METHYLPHENIDATE AND ANY OTHER STIMULANTS.

13 **BENZODIAZEPINES**—INCLUDES ALPRAZOLAM, CHLORDIAZEPOXIDE, CLONAZEPAM, CLORAZEPATE, DIAZEPAM, FLUNITRAZEPAM, FLURAZEPAM, HALAZEPAM, LORAZEPAM, OXAZEPAM, PRAZEPAM, TEMAZEPAM, TRIAZOLAM, AND OTHER UNSPECIFIED BENZODIAZEPINES.

14 **OTHER NON-BENZODIAZEPINE TRANQUILIZERS**—INCLUDES MEPROBAMATE, TRANQUILIZERS, ETC
15 **BARBITURATES**—INCLUDES AMOBARBITAL, PENTOBARBITAL, PHENOBARBITAL, SECOBARBITAL ETC.

16 **OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS**—INCLUDES CHLORAL HYDRATE, ETHCHLORVYNOL, GLUTETHIMIDE, METHAQUALONE, SEDATIVES/HYPNOTICS, ETC.

17 **INHALANTS**—INCLUDES CHLOROFORM, ETHER, GASOLINE, GLUE, NITROUS OXIDE, PAINT THINNER, ETC.

18 **OVER-THE-COUNTER**—INCLUDES ASPIRIN, COUGH SYRUP, DIPHENHYDRAMINE AND OTHER ANTIHISTAMINES, SLEEP AIDS, AND ANY OTHER LEGALLY OBTAINED, NON-PRESCRIPTION MEDICATION.

20 **OTHER**—INCLUDES DIPHENYLHYDANTOIN/PHENYTOIN, GHB/GBL, KETAMINE, ETC.

USUAL ROUTE OF ADMINISTRATION, PRIMARY

DESCRIPTION: THIS FIELD IDENTIFIES THE USUAL ROUTE OF ADMINISTRATION.

(A) SUBSTANCE PROBLEM CODE, PRIMARY.

VALID ENTRIES:

01 **ORAL**

02 **SMOKING**

03 **INHALATION**

04 **INJECTION (IV OR INTRAMUSCULAR)**

20 **OTHER**

FREQUENCY OF USE, PRIMARY

DESCRIPTION: IDENTIFIES THE FREQUENCY OF USE OF THE SUBSTANCE.

VALID ENTRIES:

01 **NO USE IN THE PAST MONTH**

02 **1-3 TIMES IN THE PAST MONTH**

03 **1-2 TIMES IN THE PAST WEEK**

04 **3-6 TIMES IN THE PAST WEEK**

05 **DAILY**

AGE OF FIRST USE, PRIMARY

DESCRIPTION: FOR DRUGS OTHER THAN ALCOHOL, THIS FIELD IDENTIFIES THE AGE AT WHICH THE CLIENT FIRST USED THE SUBSTANCE. FOR ALCOHOL, THIS FIELD RECORDS THE AGE OF THE FIRST INTOXICATION.

VALID ENTRIES

01 – 95 INDICATES THE AGE AT FIRST USE.

TYPE OF SERVICES (These are defined by ASAM level in STARS and the below listing are cross walked into these levels on the Admission screen)

01 DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT

24-HOUR PER DAY MEDICAL ACUTE CARE SERVICES IN HOSPITAL SETTING FOR DETOXIFICATION FOR PERSONS WITH SEVERE MEDICAL COMPLICATIONS ASSOCIATED WITH WITHDRAWAL.

02 DETOXIFICATION, 24 HOUR SERVICE, FREE-STANDING RESIDENTIAL

24 HOUR PER DAY SERVICES IN NON-HOSPITAL SETTING PROVIDING FOR SAFE WITHDRAWAL AND TRANSITION TO ONGOING TREATMENT.

03 REHABILITATION/RESIDENTIAL—HOSPITAL (OTHER THAN DETOXIFICATION) - 24 HOUR PER DAY MEDICAL CARE IN A HOSPITAL FACILITY IN CONJUNCTION WITH TREATMENT SERVICES

FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.

04 REHABILITATION/RESIDENTIAL—SHORT TERM (30 DAYS OR FEWER)

TYPICALLY, 30 DAYS OR LESS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY.

05 REHABILITATION/RESIDENTIAL—LONG TERM (MORE THAN 30 DAYS)

TYPICALLY, MORE THAN 30 DAYS OF NON-ACUTE CARE IN A SETTING WITH TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSE AND DEPENDENCY; THIS MAY INCLUDE TRANSITIONAL LIVING ARRANGEMENTS SUCH AS HALFWAY HOUSES.

06 AMBULATORY—INTENSIVE-OUTPATIENT -

AS A MINIMUM, THE CLIENT MUST RECEIVE TREATMENT LASTING TWO OR MORE HOURS PER DAY FOR THREE OR MORE DAYS PER WEEK.

07 AMBULATORY— NON-INTENSIVE OUTPATIENT -

AMBULATORY TREATMENT SERVICES INCLUDING INDIVIDUAL, FAMILY AND OR GROUP SERVICES. THESE MAY INCLUDE PHARMACOLOGICAL THERAPIES.

08 AMBULATORY—DETOXIFICATION -

OUTPATIENT TREATMENT SERVICES PROVIDING FOR SAFE WITHDRAWAL IN AN AMBULATORY SETTING (PHARMACOLOGICAL OR NON-PHARMACOLOGICAL).

OPIOID REPLACEMENT THERAPY

DESCRIPTION: THIS FIELD IDENTIFIES WHETHER THE USE OF METHADONE OR BUPRENORPHINE IS PART OF THE CLIENT 'S TREATMENT PLAN.

DSM DIAGNOSIS

DESCRIPTION: THE DIAGNOSIS OF THE SUBSTANCE ABUSE PROBLEM FROM THE AMERICAN PSYCHIATRIC ASSOCIATION'S *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS*. DSM IV IS PREFERRED.

PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL OR DRUG PROBLEM

DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS A PSYCHIATRIC PROBLEM IN ADDITION TO HIS OR HER ALCOHOL OR DRUG USE PROBLEM.

PREGNANT AT TIME OF ADMISSION

DESCRIPTION: SPECIFIES WHETHER THE CLIENT WAS PREGNANT AT THE TIME OF ADMISSION

VETERAN STATUS DESCRIPTION: IDENTIFIES WHETHER THE CLIENT HAS SERVED IN THE UNIFORMED SERVICES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD, PUBLIC HEALTH SERVICE COMMISSIONED CORPS, COAST AND GEODETICSURVEY, ETC).

LIVING ARRANGEMENTS

DESCRIPTION: SPECIFIES WHETHER THE CLIENT IS HOMELESS, LIVING WITH PARENTS, IN A SUPERVISED SETTING, OR LIVING ON HIS OR HER OWN.

VALID ENTRIES:

01 **HOMELESS**—CLIENTS WITH NO FIXED ADDRESS; INCLUDES SHELTERS.

02 **DEPENDENT LIVING**— CLIENTS LIVING IN A SUPERVISED SETTING SUCH AS A RESIDENTIAL INSTITUTION, HALFWAY HOUSE OR GROUP HOME, AND CHILDREN (UNDER AGE 18) LIVING WITH PARENTS, RELATIVES, OR GUARDIANS OR IN FOSTER CARE.

03 **INDEPENDENT LIVING** – CLIENTS LIVING ALONE OR WITH OTHERS WITHOUT SUPERVISION.

SOURCE OF INCOME/SUPPORT

DESCRIPTION: IDENTIFIES THE CLIENT 'S PRINCIPAL SOURCE OF FINANCIAL SUPPORT . FOR CHILDREN UNDER 18, THIS FIELD INDICATES THE PARENT'S PRIMARY SOURCE OF INCOME/SUPPORT .

VALID ENTRIES:

01 **WAGES/SALARY**

02 **PUBLIC ASSISTANCE**

03 **RETIREMENT/PENSION**

04 **DISABILITY**

20 **OTHER**

21 **NONE**

HEALTH INSURANCE

DESCRIPTION: SPECIFIES THE CLIENT 'S HEALTH INSURANCE (IF ANY). THE INSURANCE MAY OR MAY NOT COVER ALCOHOL OR DRUG TREATMENT.

VALID ENTRIES:

01 **PRIVATE INSURANCE** (OTHER THAN BLUE CROSS/BLUE SHIELD OR AN HMO)

02 **BLUE CROSS/BLUE SHIELD**

03 **MEDICARE**

04 **MEDICAID**

06 **HEALTH MAINTENANCE ORGANIZATION (HMO)**

20 **OTHER (E.G., TRICARE, CHAMPUS)**

21 **NONE**

EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT

DESCRIPTION: IDENTIFIES THE PRIMARY SOURCE OF PAYMENT FOR THIS TREATMENT EPISODE.
VALID ENTRIES:

01 **SELF-PAY**

02 **BLUE CROSS/BLUE SHIELD**

03 **MEDICARE**

04 **MEDICAID**

05 **OTHER GOVERNMENT PAYMENTS**

06 **WORKER'S COMPENSATION**

07 **OTHER HEALTH INSURANCE COMPANIES**

08 **NO CHARGE (FREE, CHARITY, SPECIAL RESEARCH OR TEACHING)**

09 **OTHER**

DETAILED NOT IN LABOR FORCE

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENT S WHO
ARE CODED AS "NOT IN THE LABOR FORCE"
VALID ENTRIES:

01 **HOMEMAKER**

02 **STUDENT**

03 **RETIRED**

04 **DISABLED**

05 **INMATE OF INSTITUTION (PRISON OR INSTITUTION THAT KEEPS A PERSON, OTHERWISE
ABLE, FROM ENTERING THE LABOR FORCE.)**

06 **OTHER**

DETAILED CRIMINAL JUSTICE REFERRAL

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENT S WHO
ARE CODED AS "CRIMINAL JUSTICE REFERRAL" AS PRINCIPAL SOURCE OF REFERRAL.
VALID ENTRIES:

01 **STATE/FEDERAL COURT**

02 **OTHER COURT (NOT STATE OR FEDERAL)**

03 **PROBATION/PAROLE**

04 **OTHER RECOGNIZED LEGAL ENTITY** (E.G. LOCAL LAW ENFORCEMENT AGENCY, CORRECTIONS AGENCY, YOUTH SERVICES , REVIEW BOARD/AGENCY)

05 **DIVERSIONARY PROGRAM** (E.G., TASC)

06 **PRISON**

07 **DUI/DWI**

08 **OTHER**

MARITAL STATUS

DESCRIPTION: DESCRIBES THE CLIENT 'S MARITAL STATUS. THE FOLLOWING CATEGORIES ARE COMPATIBLE WITH THE U.S. CENSUS.

VALID ENTRIES:

01 **NEVER MARRIED**—INCLUDES CLIENTS WHOSE *ONLY* MARRIAGE WAS ANNULLED

02 **NOW MARRIED**—INCLUDES THOSE LIVING TOGETHER AS MARRIED.

03 **SEPARATED**—INCLUDES THOSE SEPARATED LEGALLY OR OTHERWISE ABSENT FROM SPOUSE BECAUSE OF MARITAL DISCORD.

04 **DIVORCED**

05 **WIDOWED**

DAYS WAITING TO ENTER TREATMENT

DESCRIPTION: INDICATES THE NUMBER OF DAYS FROM THE FIRST CONTACT OR REQUEST FOR SERVICE UNTIL THE CLIENT WAS ADMITTED AND THE FIRST CLINICAL SERVICE WAS PROVIDED.

NUMBER OF ARRESTS IN 30 DAYS PRIOR TO ADMISSION

DESCRIPTION: THE NUMBER OF ARRESTS IN THE 30 DAYS PRECEDING THE DATE OF ADMISSION TO TREATMENT SERVICES.

TEDS DISCHARGE INFORMATION

Discharges

The treatment episode ends with the client being "discharged", which is defined as the termination of services. The services may end for any reason (e.g. the client has completed the course of treatment, the client or the provider chooses not to continue the course of treatment, the client is unable to continue treatment). Regardless of the reason, a discharge is considered to have occurred at some point after treatment ends. In the absence of a formal discharge, TEDS uses the following operational definition of discharge: A treatment episode should be assumed to have ended if the client has not been seen in 3 days in the case of inpatient or residential treatment, and 30 days in the case of outpatient treatment.

Reporting of a Discharge

When a treatment episode ends and a “discharge” occurs, this event is to be reported to TEDS. In cases in which the client leaves treatment against facility advice, i.e., drops out, the client may not be formally discharged until considerable time has elapsed. (Sometimes these are called “administrative” discharges.) It is important that each State use an operational definition to assign a discharge date for clients that drop out of treatment and TEDS encourages use of the following: **Assume that a treatment episode has ended when an inpatient or residential client has not been seen for 3 days or an outpatient client has not been seen for 30 days.** In such cases, the discharge date assigned should be as close as possible to the actual end of treatment.

Reporting point : A client who returns for treatment services after the elapsed time described in these guidelines (or other guidelines adopted by the State) is to be reported as an admission to a new treatment episode.

Date of Discharge and Date of Last Contact

In many cases, the client's Date of Discharge and Date of Last Contact will be the same or very close together. However, in situations such as those describe in the preceding section, a client may drop out of treatment and not be "discharged" for weeks or months after the end of treatment. Since a primary use of the Date of Discharge is to calculate the length of treatment, delayed discharge dates result in invalid length of treatment calculations.(**For this reason STARS uses the last treatment date on the discharge screen which should be translated to "Date of last Contact" for TEDS reporting.**)

DATE OF DISCHARGE

DESCRIPTION: SPECIFIES THE MONTH, DAY AND YEAR WHEN THE CLIENT WAS FORMALLY DISCHARGED FROM THE TREATMENT FACILITY OR SERVICE. THE DATE MAY BE THE SAME AS DATE OF LAST CONTACT . IN THE EVENT OF A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , IT IS THE DATE THE SERVICE TERMINATED OR THE DATE THE TREATMENT ENDED AT A PARTICULAR PROVIDER.

REASON FOR DISCHARGE, TRANSFER, OR DISCONTINUANCE OF TREATMENT

DESCRIPTION: INDICATES THE OUTCOME OF TREATMENT OR THE REASON FOR TRANSFER OR DISCONTINUANCE OF TREATMENT. (STARS has a more in depth listing of reasons for discharge in which the below list is cross walked into for reporting to TEDS).

VALID ENTRIES:

01 TREATMENT COMPLETED

02 LEFT AGAINST PROFESSIONAL ADVICE (DROPPED OUT)

03 TERMINATED BY FACILITY

04 TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY. THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , EXCEPT WHEN IT IS KNOWN THAT THE CLIENT DID NOT REPORT TO THE NEXT PROGRAM.

14 TRANSFERRED TO ANOTHER SUBSTANCE ABUSE TREATMENT PROGRAM OR FACILITY, BUT DID NOT REPORT. THIS CODE IS TO BE USED FOR ALL CLIENTS WHO HAVE A CHANGE OF SERVICE OR PROVIDER WITHIN AN EPISODE OF TREATMENT , BUT WHO ARE KNOWN NOT TO HAVE REPORTED TO THE NEXT PROGRAM.

05 INCARCERATED -THIS CODE IS TO BE USED FOR ALL CLIENTS WHOSE COURSE OF TREATMENT S TERMINATED BECAUSE THE CLIENT HAS BEEN INCARCERATED

06 DEATH

07 OTHER

LIVING ARRANGEMENTS AT DISCHARGE

DESCRIPTION: SPECIFIES WHETHER THE CLIENT IS HOMELESS, LIVING WITH PARENTS, IN A SUPERVISED SETTING,OR LIVING ON HIS OR HER OWN AT THE TIME OF DISCHARGE.

VALID ENTRIES:

01 HOMELESS—CLIENTS WITH NO FIXED ADDRESS; INCLUDES SHELTERS

02 **DEPENDENT LIVING**— CLIENTS LIVING IN A SUPERVISED SETTING SUCH AS A RESIDENTIAL INSTITUTION, HALFWAY HOUSE OR GROUP HOME, AND CHILDREN (UNDER AGE 18) LIVING WITH PARENTS, RELATIVES, OR GUARDIANS OR IN FOSTER CARE.

03 **INDEPENDENT LIVING** – CLIENTS LIVING ALONE OR WITH OTHERS WITHOUT SUPERVISION.

EMPLOYMENT STATUS AT DISCHARGE

DESCRIPTION: IDENTIFIES THE CLIENT 'S EMPLOYMENT STATUS AT THE TIME OF DISCHARGE.

VALID ENTRIES:

01 **FULL TIME**—WORKING 35 HOURS OR MORE EACH WEEK, INCLUDING MEMBERS OF THE UNIFORMED SERVICES.

02 **PART TIME**—WORKING FEWER THAN 35 HOURS EACH WEEK.

03 **UNEMPLOYED**—LOOKING FOR WORK DURING THE PAST 30 DAYS OR ON LAYOFF FROM A JOB

04 **NOT IN LABOR FORCE**—NOT LOOKING FOR WORK DURING THE PAST 30 DAYS OR A STUDENT, HOMEMAKER, DISABLED, RETIRED OR AN INMATE OF AN INSTITUTION. CLIENTS IN THIS CATEGORY ARE FURTHER DEFINED IN SUDS 12-DETAILED NOT IN LABOR FORCE.

DETAILED NOT IN LABOR FORCE AT DISCHARGE

DESCRIPTION: THIS FIELD GIVES MORE DETAILED INFORMATION ABOUT THOSE CLIENT S WHO ARE CODED AS "NOT

IN THE LABOR FORCE" IN ITEM DIS 24- EMPLOYMENT STATUS.

VALID ENTRIES:

01 HOMEMAKER

02 STUDENT

03 RETIRED

04 DISABLED

05 INMATE OF INSTITUTION (PRISON OR INSTITUTION THAT KEEPS A PERSON, OTHERWISE ABLE, FROM ENTERING THE LABOR FORCE.)

06 OTHER

NUMBER OF ARRESTS IN 30 DAYS PRIOR TO DISCHARGE

DESCRIPTION: THE NUMBER OF ARRESTS IN THE 30 DAYS PRECEDING DISCHARGE FROM TREATMENT SERVICES. IF CLIENT IS IN TREATMENT LESS THAN 30 DAYS, USE NUMBER OF ARREST S DURING PERIOD OF TREATMENT.

SOCIAL SUPPORT OF RECOVERY:

Participation in social support of recovery activities is defined as attending self help group meetings such as AA/NA or attending religious/faith affiliated recovery or self help group meetings or with family members and/or friends supportive of recovery. **These groups should be considered voluntary for the client to attend to be counted at the time of discharge.**

The reported measure will reflect differences in participation in the 30 days preceding admission to substance abuse treatment, and in the 30 days prior to discharge (or since admission if less than 30 days)